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August 10, 2010

VIA ECF AND FIRST CLASS MAIL

The Honorable Raymond J. Dearie
United States District Chief Judge
United States District Court
225 Cadman Plaza East
Brooklyn, New York 11201

Re: *United States v. Roy Ageloff*; 98-1129S (RJD)

Dear Chief Judge Dearie:


I represent Roy Ageloff, 98-1129S (RJD), and write to request the Court's approval for Criminal Justice Act payment for the transcript of Mr. Ageloff's June 1, 2010 evidentiary hearing. I have attached a partially-completed CJA Form 24 for the Court's review and signature, if approved.

If the Court has any questions about my request, please have a member of the Court's staff contact me at any time.

Respectfully submitted,

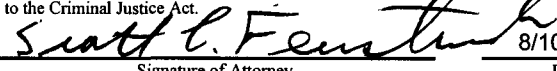
The Law Offices of Scott L. Fenstermaker, Esq.

By:


Scott L. Fenstermaker, Esq.

cc: AUSA Dan Spector (via ECF)
Mr. Roy Ageloff (via first class mail)

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Roy Ageloff		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 98-CR-1129		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Roy Ageloff		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 U.S.C. 1962, 1963							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Argument involving defendant's eligibility for appointed counsel							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). June 1, 2010 evidentiary hearing							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney _____ Date 8/10/2010 Printed Name Scott L. Fenstermaker, Esq. Telephone Number: _____ (917) 817-9001 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order Nunc Pro Tunc Date			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS Telephone Number: _____			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original				\$0.00		\$0.00	
Copy				\$0.00		\$0.00	
Expense (Itemize)							
TOTAL AMOUNT CLAIMED:						\$0.00	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date						24. AMOUNT APPROVED	